

Inhibition of the ISR abrogates mGluR5-dependent long-term depression and spatial memory deficits in a rat model of Alzheimer's disease

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Supplementary Figures:

Supplementary Figure S1. Peri-threshold low-frequency stimulation failed to induce long-term depression at CA3-to-CA1 synapses *in vivo*.

Supplementary Figure S2. Effects of A β_{1-42} and ISRIB on p-eIF2 α and ATF4 levels.

Supplementary Figure S3. Full Western blots of p-eIF2 α and ATF4 obtained in this study.

Supplementary Figure S4. Full Western blots of SUnSET obtained in this study.

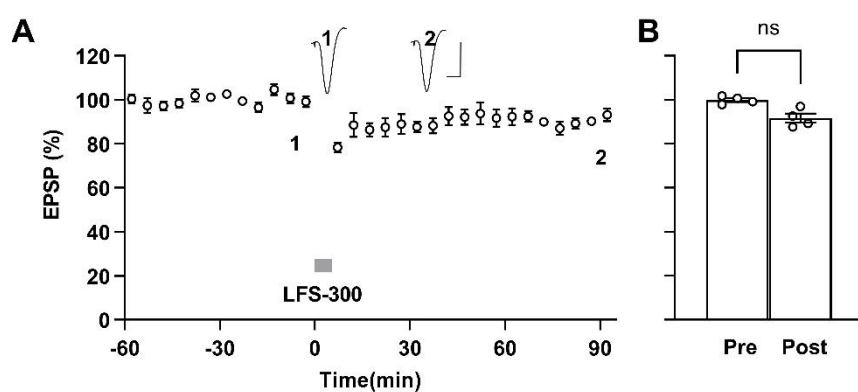


Figure S1. Peri-threshold low-frequency stimulation failed to induce long-term depression at CA3-to-CA1 synapses *in vivo*. (A) Application of a peri-threshold weak LFS (bar, LFS-300; 300 high-intensity pulses at 1 Hz) did not induce obvious LTD in naïve control rats. As summarized in (B), the EPSP at 90 min measured $91.7 \pm 2.1\%$ ($n = 4$, $P = 0.0569$ compared with Pre, paired t). Calibration bars for EPSP traces: vertical, 2 mV; horizontal, 10 ms.

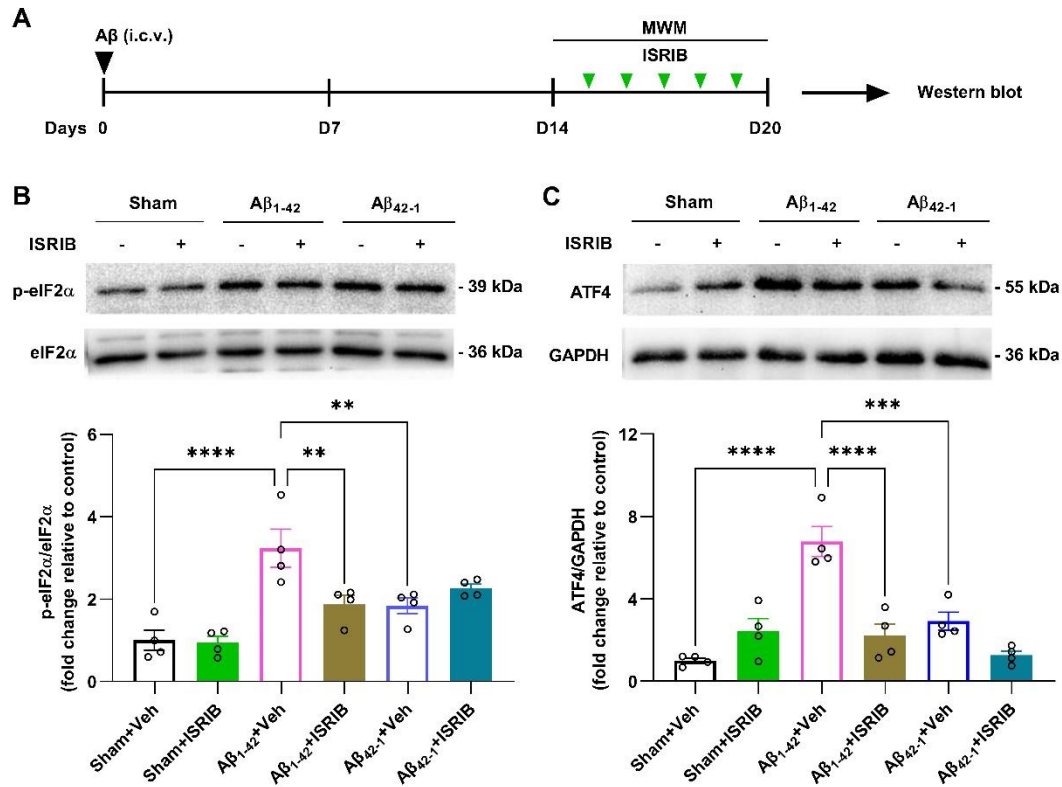


Figure S2. Effects of Aβ₁₋₄₂ and ISRIB on p-eIF2α and ATF4 levels.

(A) The timeline of experimental design. The expression levels of p-eIF2α and ATF4 were assayed in the hippocampal tissue from the rats in figure 3. (B) Western blots showing that the level of p-eIF2α was increased in the hippocampus after i.c.v. injection of Aβ₁₋₄₂ ($n = 4$, $P < 0.0001$, Aβ₁₋₄₂+Veh compared with Sham+Veh group; one-way ANOVA) while the injection of the reverse sequence peptide Aβ₄₂₋₁ did not obviously change the level of p-eIF2α ($n = 4$, $P = 0.1966$, Aβ₄₂₋₁+Veh compared with Sham+Veh group; one-way ANOVA). Treatment of ISRIB (0.25 mg/kg, i.p.) reduced the levels of p-eIF2α in Aβ₁₋₄₂-injected rats ($n = 4$, $P = 0.0083$, Aβ₁₋₄₂+Veh compared with Aβ₁₋₄₂+ISRIB group; one-way ANOVA). (C) The level of ATF4 increased in Aβ₁₋₄₂-injected rats ($n = 4$, $P < 0.0001$, compared with Sham+Veh; $P = 0.0002$ compared with Aβ₄₂₋₁+Veh group; one-way ANOVA) but the injection of the reverse sequence peptide Aβ₄₂₋₁ did not change the level of ATF4 ($n = 4$, $P = 0.0950$, compared with Sham+Veh group; one-way ANOVA). Treatment of ISRIB restored ATF4 to normal level ($n = 4$, $P < 0.0001$, Aβ₁₋₄₂+Veh compared with Aβ₁₋₄₂+ISRIB; $P = 0.7060$, Aβ₁₋₄₂+ISRIB compared with Sham+Veh group; one-way ANOVA). Error bars, s.e.m.

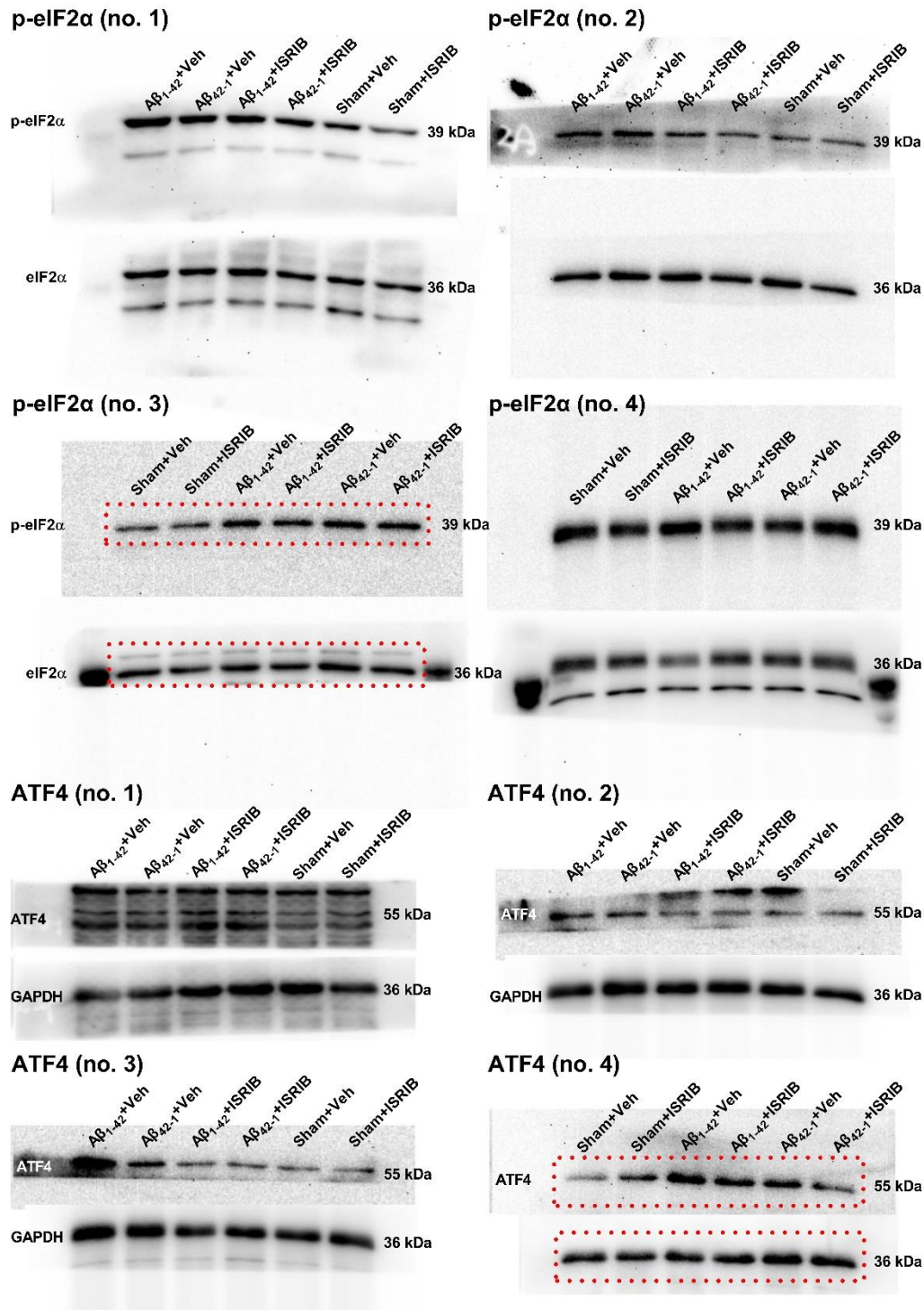
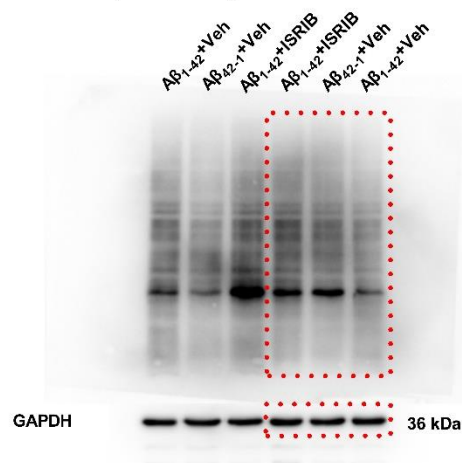
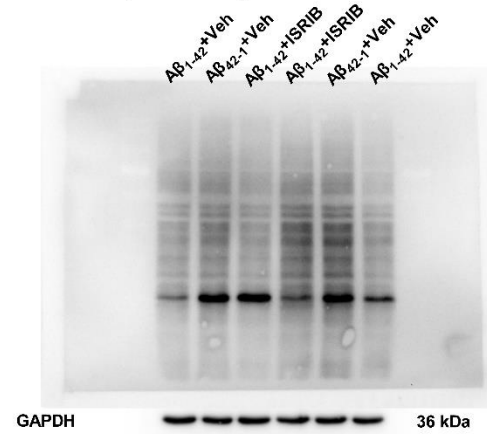


Figure S3. Full Western blots of p-eIF2α and ATF4 obtained in this study. Lanes shown in Figure S2 are boxed in red. Anti-ATF4 antibody for no.1-3: A18687 (1:1000), ABclonal; anti-ATF4 antibody for no.4: ab23760 (1:1000), Abcam.

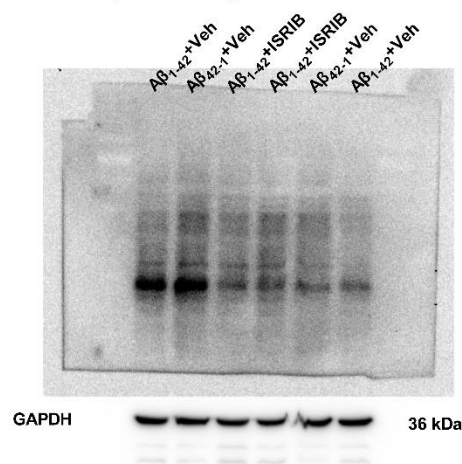
SUnSET (no. 1 & 2)



SUnSET (no. 3 & 4)



SUnSET (no. 5 & 6)



SUnSET (no. 7 & 8)

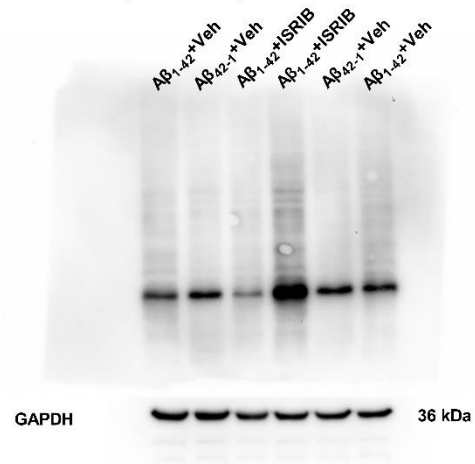


Figure S4. Full Western blots of SUnSET obtained in this study. Lanes shown in Figure 5 are boxed in red.